

# EXHIBIT C-2

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Reports are due on the 20th of the month following the close of the quarter. Send report to:

California Department of Social Services  
Refugee Programs Bureau  
744 P Street, MS 6-646  
Sacramento, CA 95814

For Calendar Quarter (Please check one)

☐

Jan-Mar

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Apr-Jun

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Jul-Sep

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Oct-Dec

Year \_\_\_\_

<b>County</b>	<b>County Number</b>		
<b>PART A. Refugee Cash Assistance</b>	<b>Number of Persons (1)</b>	<b>Number of Cases</b>	
		<b>Family (2)</b>	<b>One-Person (3)</b>
1. Recipients at end of previous quarter			
2. Recipients at end of this quarter			
3. New RCA enrollees during this quarter			
<b>PART B. Unaccompanied Minors Program</b>	<b>Number of Persons (1)</b>		
4. Minors in care at end of previous quarter			
5. Entered care			
6. Left care			
7. Minors in care at end of this quarter			
<b>PART C. General Assistance</b>	<b>Number of Persons (1)</b>	<b>Number of Cases (2)</b>	
8. General Assistance/General Relief			

<b>Person to contact regarding this report:</b>	<b>Telephone Number</b>	<b>Date</b>